

CPR WORKGROUP
October 26, 2004
Meeting Minutes

Attendees:

Chuck Baucom (Commission on EMS),
Ron Blaul (Commission on EMS),
Matt Powers (Emergency Nurses Association),
Ray Bray (Commission on Peace Officer Standards and Training),
Roger Richter (California Healthcare Association),
Keith Dittimus (California Highway Patrol),
Jim Johnston (CA Fire Chiefs Association),
Stuart Heard (CA Poison Control System),
Jake Heflin (CA State Firefighters Association),
Darlene Isbell-Gidley (EMSAAC),
Robert Lashier (CA Council of EMS Educators),
Michael Smith (League of CA Cities),
David Nevins (CA Ambulance Association),
Christy Bouma (CA Professional Firefighters),
Sam Spiegel (CA Police Chiefs Association),
Gary Stanton (CA Sheriff's Association),
Steven Tharratt, M.D. (EMDAC),
Liisa Lawson (League of CA Cities),
Kelly Brooks (CA State Association of Counties),
Michael E. Smith (League of CA Cities),
Maureen McNeil (CA EMS Authority),
Richard Watson (CA EMS Authority),
Chris Graillat (CA EMS Authority)

Invited but did not attend:

Jerry Adams (CA Peace Officers Association),
Debra Burger (CA Nurses Association),
Wesley Fields (Cal ACEP),
Annelle Grijada (SEIU),
Monty Holden (CA Association of Police & Sheriffs),
Jack Lewin (CA Medical Association),
Scott Morrow, M.D. (CA Conference of Local Health Officers),
Judith Reigel (CHEAC), J
Joanne Stonecipher (CA Paramedic Program Directors Association),
Steven Tough (CA Association of Health Plans)

Richard Watson gave a brief welcome and turned the meeting over to Ron Blaul and Chuck Baucom who will co-chair the group meeting. Ron Blaul explained that this was a workgroup requested by the Commission on EMS, and appointed

by Director Watson. He then gave an overview of the [CPR recommendations](#) impacting the EMS Authority. The group focused their discussion primarily on placement of the EMS Authority in the Fire and Emergency Management Division of a new Department of Public Safety and Homeland Security.

Ron asked the group “who should be here that isn’t?” The response was that CAL-ACEP, CMA, CCLHO and CPOA should be here.

Next, the group decided to discuss principles and then make recommendations. They also determined that a full consensus would mean willing to live with the outcome and willing to support/advocate for the outcome.

There was consensus on the following broader principles that the workgroup agreed should apply to the placement were qualities that EMSA represented.

1. Transparent – aware of what’s going on and ability to provide input.
2. Access to decision making.
3. Participatory process in regulatory role.
4. Integrated services and functions , e.g. one-stop shopping for EMS issues.
5. Provide link and interoperability between disciplines of Fire, Law and Health (Broker) for both public and private providers. The only intersection between all disciplines (large event and daily operation).
6. Strong participatory medical leadership.

The group next discussed what agreements they could reach. CSAC said that their organization had discussed concepts, but would not take positions on specific CPR recommendations until the Governor’s FY2005/06 Budget was released.

The agreements discussed by the group include:

1. EMSA should remain intact with all its current functions. Benefits in doing this include:

- Continues broad-based stakeholder involvement
 - Multidisciplinary review of issues
 - One department handles all EMS related issues
 - Licensing stays with the EMS Authority
- Current operation is timely and relatively inexpensive.
Integrated with other EMS functions.

Requires specialized knowledge of need for rapid turnaround times and working with employing agencies.

Paramedic licensure is different – more detailed and cost intensive.

2. Preserve consistent medical direction with advocacy in emergency medical services.

The next topic of discussion was “Where Does EMSA Live” based on the above principles and benefits. Four possibilities were discussed.

1. Fire & Emergency Management Division, Public Safety & Homeland Security Department (CPR recommendation).
2. Change Division name to Fire, EMS and Emergency Management, Public Safety & Homeland Security Department.
3. Separate new Division equal to fire and law, within Public Safety & Homeland Security Department.
4. Public Health Division, Health & Human Services Department
5. Separate entity reporting directly to Secretary, Health & Human Services Department.

Most agreed EMSA should maintain cabinet level reporting. CAL-Chiefs said they could support cabinet level reporting if in Public Safety. EMSAAC said they could support if in DHS, but willing to consider Public Safety. California Healthcare Association said they supported if in DHS, unable to support in Public Safety.

Next steps

Minutes will be sent to meeting attendees and those that were invited but did not respond. Meeting attendees will provide feedback on whether the minutes accurately captured the discussion. The group decided to have another meeting to discuss EMSA responsibilities and where the best fit for EMSA would be.

The next meeting is scheduled for November 29, 2004, 10:00-2:00, at the EMS Authority.